

L20000 172414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

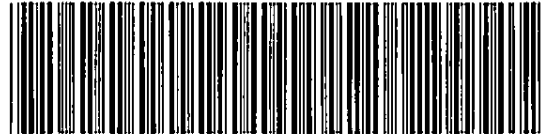
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J. HORNE
DEC - 5 2024


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FILED
2024 DEC - 4 PM 3:00
J. HORNE
DEC - 5 2024
FILED
2024 DEC - 4 AM 10:46
J. HORNE
DEC - 5 2024

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$ 25.00
 Authorization Signature 
 Family GF, LLC L20000172414

___ Walk in _____ Will wait

____ Certified Copies of the Articles of Organization
Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ LLC
☐ Domestication
☐ INC
☒ CORP
☐ OTHER

AMENDMENTS

☒ Amendment
☐ Resignation of R.A.
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Conversion
☐ Statement of Authority
☐ Merger
☐ Amended and Restated Articles


OTHER FILINGS

____ Annual Report
____ Fictitious Name
____ Statement of Authority
____ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing
☐ Partnership
☐ Reinstatement
☐ CORRECTION for a LLC
☐ Domestication of a Foreign Corp.
☐ Other

EXAMINER'S INITIALS:

Please use funds from the account I20210000160: \$ 25.00
Authorization Signature 
Family GF, LLC L20000172414

____ Certified Copies of the Articles of Organization
Certificate of Status

☒ X Amendment
☐ Resignation of R.A.
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Conversion
☐ Statement of Authority
☐ Merger
☐ Amended and Restated Articles

☐ Foreign Filing
☐ Partnership
☐ Reinstatement
☐ CORRECTION for a LLC
☐ Domestication of a Foreign Corp.
☐ Other

EXAMINER'S INITIALS:

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FAMILY GF, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Z. Green, Esq.

Name of Person

JONATHAN H. GREEN & ASSOCIATES, P.A.

Firm/Company

901 Ponce de Leon Boulevard, Suite 601

Address

Coral Gables, Florida 33134

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Z. Green

305

372-5100

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FAMILY GF, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 DEC -4 AM 10:46
TALLAHASSEE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/20/2020 and assigned
Florida document number L20000172414.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FRAYND, GERMAN	16051 COLLINS AVENUE APT 2301	<input type="checkbox"/> Add
		SUNNY ISLES, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIN, DIANA	16051 COLLINS AVENUE APT 2301	<input type="checkbox"/> Add
		SUNNY ISLES, FL 33160	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	FRAYND, ALAN	1380 NE MIAMI GARDENS DRIVE, STE 125	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	FRAYND, Yael	1380 NE MIAMI GARDENS DRIVE, STE 125	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	FRAYND, PAUL	1380 NE MIAMI GARDENS DRIVE, STE 215	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

November 26, 2024



Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00